

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

NEIL FOR ARKANSAS

ADDRESS (number and street)

PO BOX 652



Check if different than previously reported. (ACC)

BENTONVILLE

AR

72712

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00775163

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

AR

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

01

D D / Y Y Y Y

01

Y Y Y Y

2022

through

M M / D D / Y Y Y Y

03

D D / Y Y Y Y

31

Y Y Y Y

2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Curtis, Elizabeth, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Curtis, Elizabeth, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04

D D / Y Y Y Y

15

Y Y Y Y

2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office  
Use  
Only**FEC FORM 3**  
(Revised 05/2016)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 13

Write or Type Committee Name  
NEIL FOR ARKANSAS

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
01 / 01 / 2022

To:

M M / D D / Y Y Y Y  
03 / 31 / 2022

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	17938.43	66014.38
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	17938.43	65914.38
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	26273.74	66817.75
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	26273.74	66817.75
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	29096.63	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	30000.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

NEIL FOR ARKANSAS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	2	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	2

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

1335.00

30490.00

**(ii) Unitemized.....**

16603.43

35314.38

**(iii) TOTAL of contributions from individuals ▶**

17938.43

65804.38

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

0.00

210.00

**(d) The Candidate.....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

17938.43

66014.38

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

30000.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

30000.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

17938.43

96014.38

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 13

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	26273.74	66817.75
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	100.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	26273.74	66917.75

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	37431.94
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	17938.43
25. SUBTOTAL (add Line 23 and Line 24).....	55370.37
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	26273.74
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	29096.63

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**NEIL FOR ARKANSAS**

**A.** Full Name (Last, First, Middle Initial)  
**Braden, Wilkerson, , ,**

Mailing Address 8020 Baldwin St.

City Valley Springs	State CA	Zip Code 95252
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer E.R.M.	Occupation Consultant
----------------------------	--------------------------

Receipt For: 2022  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 26 2022

Transaction ID : SA11AI.6695

Amount of Each Receipt this Period

250.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Fankhanel, Kathryn, , ,**

Mailing Address 14 Sagitta Way

City Coto de Caza	State CA	Zip Code 92679
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2022  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 29 2022

Transaction ID : SA11AI.6134

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Jose, Michael, , ,**

Mailing Address 2 Tallwood Road

City Augusta	State ME	Zip Code 04330
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer TexTech Industries	Occupation Lab Technician
--	------------------------------

Receipt For: 2022  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 01 2022

Transaction ID : SA11AI.6607

Amount of Each Receipt this Period

135.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

635.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**NEIL FOR ARKANSAS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Risins, Barbara, , MD</b>			Date of Receipt M M / D D / Y Y Y Y Y 03 / 22 / 2022		
Mailing Address 2202 Acacia Park Dr Apt 2518			<b>Transaction ID : SA11AI.6629</b>		
City Lyndhurst	State OH	Zip Code 44124	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer Information Requested		Occupation Information Requested			
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00			
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Setka, James, ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2022		
Mailing Address 16 Miraleste Plaza			<b>Transaction ID : SA11AI.6667</b>		
City Rancho Palos Verdes	State CA	Zip Code 90275	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer Amerisave Mortgage		Occupation Mortgage Loan Originator			
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 225.00			
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Taylor, Kendrick, ,</b>			Date of Receipt M M / D D / Y Y Y Y Y 03 / 11 / 2022		
Mailing Address 1064 Belfast Lane			<b>Transaction ID : SA11AI.6105</b>		
City Ventura Beach	State CA	Zip Code 93001	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer Retired		Occupation Retired			
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1100.00			
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			375.00		
<b>TOTAL</b> This Period (last page this line number only)..... ▶					

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 13

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**NEIL FOR ARKANSAS**

**A.** Full Name (Last, First, Middle Initial)  
**Van Halen, Miklos, , ,**

Mailing Address 190 U.S. 1

City Falmouth	State ME	Zip Code 04105
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Mikrosoft LLC	Occupation Software Engineer
-----------------------------------	---------------------------------

Receipt For: 2022  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2022

Transaction ID : SA11AI.6492

Amount of Each Receipt this Period

250.00
--------

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Williams, William, , ,**

Mailing Address 20316 Hwy 300 Spur

City BIGELOW	State AR	Zip Code 72016
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2022  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 14 / 2022

Transaction ID : SA11AI.6190

Amount of Each Receipt this Period

25.00
-------

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Williams, William, , ,**

Mailing Address 20316 Hwy 300 Spur

City BIGELOW	State AR	Zip Code 72016
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2022  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 12 / 2022

Transaction ID : SA11AI.6189

Amount of Each Receipt this Period

50.00
-------

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

325.00
1335.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 13

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**NEIL FOR ARKANSAS**

Full Name (Last, First, Middle Initial)

**A. Anedot**Mailing Address 1340 Poydras St  
Ste 1770City  
New OrleansState  
LAZip Code  
70112Purpose of Disbursement  
Payment Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		01		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

80.34

Transaction ID : SB17.6609

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Cornerstone Payment Systems**

Mailing Address 17822 17th St

City  
TustinState  
CAZip Code  
92780Purpose of Disbursement  
Payment Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		03		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

156.89

Transaction ID : SB17.5930

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Cornerstone Payment Systems**

Mailing Address 17822 17th St

City  
TustinState  
CAZip Code  
92780Purpose of Disbursement  
Payment Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		04		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

192.00

Transaction ID : SB17.5940

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

429.23

**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 13

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)  
**NEIL FOR ARKANSAS**

Full Name (Last, First, Middle Initial)

**A. Google**

Mailing Address 1600 Ampitheatre Parkway

City  
Mountain ViewState  
CAZip Code  
94043Purpose of Disbursement  
Digital Management

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

72.00

Transaction ID : SB17.5921

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Google**

Mailing Address 1600 Ampitheatre Parkway

City  
Mountain ViewState  
CAZip Code  
94043Purpose of Disbursement  
Digital Management

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		02		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

72.00

Transaction ID : SB17.5929

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Google**

Mailing Address 1600 Ampitheatre Parkway

City  
Mountain ViewState  
CAZip Code  
94043Purpose of Disbursement  
Digital Management

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

72.00

Transaction ID : SB17.5939

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

216.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 13

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**NEIL FOR ARKANSAS**

Full Name (Last, First, Middle Initial)

**A. Kumar, Lori, , ,**

Mailing Address 34 Stonehenge Dr

City  
BentonvilleState  
ARZip Code  
72712Purpose of Disbursement  
Expenses - Itemization not required

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

363.17

Transaction ID : SB17.5936

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Liz Curtis & Associates**

Mailing Address 5 Halifax Ct

City  
MarltonState  
NJZip Code  
08053Purpose of Disbursement  
Compliance Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

750.00

Transaction ID : SB17.5922

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. MailChimp**Mailing Address 675 Ponce de Leon Ave NE  
Ste 5000City  
AtlantaState  
GAZip Code  
30308Purpose of Disbursement  
Email Distribution Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

1400.00

Transaction ID : SB17.5926

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2513.17

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 13

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)  
**NEIL FOR ARKANSAS**

Full Name (Last, First, Middle Initial)

**A. MailChimp**Mailing Address 675 Ponce de Leon Ave NE  
Ste 5000City  
AtlantaState  
GAZip Code  
30308Purpose of Disbursement  
Email Distribution Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
02	28	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1525.00

Transaction ID : SB17.5935

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MailChimp**Mailing Address 675 Ponce de Leon Ave NE  
Ste 5000City  
AtlantaState  
GAZip Code  
30308Purpose of Disbursement  
Email Sending Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
03	28	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1525.00

Transaction ID : SB17.6743

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. PAC Management Services**Mailing Address 441 N Lee St  
Ste 100City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
Compliance Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
02	04	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

750.00

Transaction ID : SB17.5931

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3800.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 13

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)  
**NEIL FOR ARKANSAS**

Full Name (Last, First, Middle Initial)

**A. PAC Management Services**Mailing Address 441 N Lee St  
Ste 100City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
Compliance Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		08		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.5941

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Republican Party of Arkansas**

Mailing Address 1201 W 6t St

City  
Little RockState  
ARZip Code  
72205Purpose of Disbursement  
Ballot Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		01		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

15000.00

Transaction ID : SB17.5937

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Southern Pines Strategies**

Mailing Address 1406 Cherokee Trl

City  
SanfordState  
NCZip Code  
27332Purpose of Disbursement  
Fundraising & Strategic Mgmt Consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		26		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

3150.00

Transaction ID : SB17.5925

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

19150.00

**TOTAL** This Period (last page this line number only).....▶

26108.40

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 13 OF 13

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
NEIL FOR ARKANSAS

Transaction ID : SC/10.5538

LOAN SOURCE Full Name (Last, First, Middle Initial)

KUMAR, NEIL, , ,

☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
PO BOX 652

City

BENTONVILLE

State

AR

ZIP Code

72712

☒ Personal Funds of the Candidate

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 12<sup>M</sup>/ D 31<sup>D</sup>

/ Y 2021 Y

M M

/ D D

/ On Demand Y

0.00

% (apr)

☐ Yes☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

SUBTOTALS This Period This Page (optional).....▶

30000.00

TOTALS This Period (last page in this line only).....▶

30000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.